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Steward

April 13, 2015

David Seltz
Executive Director
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Via Electronic Mail to HPC-regulations@state.ma.us

Dear Executive Director Seltz:

Thank you for the opportunity to provide additional comments to the Health Policy Commission ("HPC") concerning the proposed regulations for 958 CMR 8.00 – Registered Nurse-to-Patient Ratio in Intensive Care Units (ICUs) in Acute Hospitals. This comment letter – our third regarding the development of ICU-nurse staffing regulations – responds to the HPC's request for comment on March 4, 2015 on the proposed quality measures included in the draft rule.

As you know, Steward is New England's largest integrated community care provider network. Our ten community hospital campuses are integral to our mission to provide high quality health care close to home. Steward respectively recommends HPC apply the following principles when selecting quality measures for inclusion in the ICU staffing rule:

1. Measures selected should be validated, nationally recognized, evidence-based quality measures.
2. Quality measures selected should directly track and report on the effect of this law; measures should reflect those for which nurse staffing in the ICU can impact outcomes.
3. To make the reporting of the selected patient safety quality measures valuable, all measures should be stratified so that the numerator and the denominator reflect only patients who had an ICU stay.

Specific feedback on proposed measures:

Feedback on HPC Proposed Quality Measures	
Central line-associated blood stream infection (CLABSI)	Steward supports the inclusion of this measure.
Catheter-associated urinary tract infection (CAUTI)	Steward supports the inclusion of this measure.
Pressure ulcer prevalence (hospital acquired)	Steward supports the inclusion of this measure.
Patient fall rate (all falls)	Steward currently tracks all falls in our hospitals, including those that result in injury, and supports inclusion of this measure with one change. Steward

	strongly suggests the HPC require reporting for falls *with injury* and specifically only falls that occurred in the ICU. This change aligns with hospitals' current reporting to Patient Care Link and avoids placing an additional reporting requirement on hospitals.

In addition to our above comments on quality measures, we respectfully reiterate key considerations for the HPC to consider in finalizing regulations, as we stated in the pre-rulemaking comment letter submitted on December 11, 2014 as well as our comments to the proposed regulation submitted on February 25, 2015:

1. **Recognize the significant differences between community hospital ICUs and teaching hospital ICUs.** Steward again cautions the HPC against implementing inflexible regulations that could hinder community hospitals from providing critical care in the communities they serve. In addition, we strongly urge the HPC to provide flexibility to community hospitals – especially those who are disproportionate share – and allow additional time to come into compliance with the final regulations.

2. **Focus the regulations' directives on *patient acuity*, not on how hospitals staff an ICU**. Hospital systems should be able to create or select a standard Acuity Tool and convene a system-wide Advisory Committee.

3. **Do not inhibit providers from adopting and utilizing innovative technologies that improve care and lower costs, such as tele-ICU.** Our sophisticated tele-health operation is a critical component of our community hospital ICUs. This system-wide investment has equipped our providers with additional safeguards to provide oversight for patients in the ICU in a manner that is supportive to the nursing staff. The final regulations should encourage providers to implement the use of innovative technologies like tele-ICUs that improve care and lower costs.

Thank you for your consideration of these and all other comments submitted by Steward during this process.

Sincerely,

Justine Carr

Justine Carr, MD
Chief Medical Officer